

AUTO TRANSPORTER-INSURANCE

Applicant's Legal Name:		Effective Date of Coverage:	
Mailing Address:		City:	State Zip
<input type="checkbox"/> Individual <input type="checkbox"/> Corp. <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other (describe)		Years in Business:	
Owners Name:	Phone:	Federal ID Number OR SS#:	

Section 2: LOCATION INFORMATION

Number	Street, City, County, State, Zip Code	Use of Location / How Occupied

Auto Liability Coverage:

1. **Primary Limit:** \$300,000 \$500,000 \$750,000 \$1,000,000 (Combined Single Limits)

2. **Uninsured Limit:** _____

Dealer/Transporter Tags: Yes No / **Trailer Interchange:** Yes No / **Terminal Coverage:** Yes No

Requested Cargo: _____ **Do you need diminished value endorsement:** Yes No

GENERAL LIABILITY: (Same limit applies to all locations)

1. **Occurrence Limit:** \$300,000 \$500,000 \$750,000 \$1,000,000

2. **Last 12 months sales:** : \$ _____

Financial History: In the past three years has the company or its owners filed for bankruptcy, financial reorganization or had a tax lien placed against it. Yes No

General Operations:

Any Freight Brokering?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Haul Boats?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a Auto Dealer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Haul Campers/Mtr Homes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any drive-away work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Haul other Freight?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any employees/owner operators not listed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Own or sponsor a car for racing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you lease vehicles from others?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you lease vehicles to others?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you haul for a Dealership?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you do Private Transport?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you haul for a Manufacturer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you do high end auto transport?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have speed Governors?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so What Speed? _____	
Do you have satellite tracking?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you allow personal use of autos?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please provide % of new/used cars hauled: **NEW:** % _____ **USED:** % _____ **SALVAGE:** % _____

Please breakout the per trip mileage for your fleet: 0-50 Miles _____%, 51-200 Miles _____%, Over201 Miles _____%

Who Do you Haul For:

Insurance History:

1. In the last twelve months, has your insurance been canceled for **NON PAYMENT** of premium? Yes No

2. Within the past twenty-four months has an insurance company **NON-RENEWED** your insurance coverage? Yes No

Do you have insurance company loss runs from your last four years of operation? Yes No

My Previous Insurance Carriers are: Year Insurance Company Name Premium Paid

Please include the following for the most accurate quote:

- Drivers List (name, license#, DOB, Hire date, and experience)
- Equipment List (make, model, year, VIN, current value of unit if Physical damage is needed)
- IFTA's for last 4 quarters
- 5 years of loss runs if available
- Copy of lease agreement with Owner operators